

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024916 (7)

1. Corporation Name

BODONI'S RESTAURANT, INC.



Principal Place of Business

Mailing Address

BODONI, GIUSEPPE
1311 WASHINGTON AVE
MIAMI BEACH FL 33139
US

1311 WASHINGTON AVE
MIAMI BEACH FL 33160

3. Date Incorporated or Qualified
04/02/1993

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0400570

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BODONI, GIUSEPPE
1311 WASHINGTON AVE
MIAMI BEACH FL 33160

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
2. ☐ DELETE
BODONI, GIUSEPPE
1311 WASHINGTON AVE
MIAMI BEACH FL

1. 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP
☐ Change ☐ Addition

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. ☐ DELETE

2. 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP
☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. ☐ DELETE

3. 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP
☐ Change ☐ Addition

7. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
8. ☐ DELETE

4. 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP
☐ Change ☐ Addition

9. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
10. ☐ DELETE

5. 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP
☐ Change ☐ Addition

11. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12. ☐ DELETE

6. 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Giuseppe Bodoni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 14TH 96

Date

Daytime Phone #

CR2E034 (12/95)